THIS DOCUMENT PREPARED BY: Justin M. Gilbert
Music City Estate Law
1650 Murfreesboro Rd., Suite 208
Franklin, TN 37067

OWNER: Don Lee David Stratton
4609 Illinois Ave.
Nashville, TN 37209

Map & Parcel No.: 091-120-032.00

Karen Johnson Davidson County
Batch# 323248 **AFFIDAVITH**
12/02/2019 03:29:12 PM 3 pgs
Fees: $17.00 Taxes: $0.00

20191202-0123928

SEND TAX NOTICE TO: Don Lee David Stratton
4609 Illinois Ave.
Nashville, TN 37209

AFFIDAVIT OF HEIRSHIP – REAL PROPERTY

STATE OF CALIFORNIA)
COUNTY OF ALAMEDA)

The undersigned, BARBARA LEKASHMAN, residing at 3151 Santa Cruz Lane, Alameda, CA 94502, mother of Deborah Gaeila Lonrau, (deceased), being duly sworn, deposes and says:

1. I have personal knowledge of the matters stated in this affidavit.

2. On September 1, 2019, Deborah Gaeila Lonrau, (the "Decedent") died at Nashville, Davidson County, Tennessee. Her death certificate is attached.

3. At the time of Decedent's death, she resided at **4609 Illinois Avenue, Nashville, TN 37209.**

4. Decedent died intestate.

5. At the time of her death, Deborah Gaeila Lonrau, owned a 100% interest in the following described property:

A certain tract or parcel of land in Davidson County, Tennessee, described as follows to wit:
Being Lot Nos. Five Hundred and Sixteen (516) and Five Hundred and Eighteen (518) of Block 85, Plan No. 1, West, Nashville which is of record in Book 57, pages 74 and 75, Register's Office Davidson County, Tennessee. Said Lot Nos. 516 and 518 join each other and front each twenty five (25) feet on the southerly side of Illinois Avenue and run back between parallel lines, One Hundred Fifty (150) feet to an alley.

Being the same property conveyed to Deborah G. Lonrau, unmarried, by Warranty Deed from Randall Lee Craft, unmarried, dated August 31, 1995, recorded September 5, 1995 in Book 9783, Pages 794-796 of the Register's Office for Davidson County, Tennessee.

This property more commonly known as **4609 Illinois Avenue, Nashville, TN 37209.**

6. The Decedent was married to Don Lee David Stratton and had no children.

7. The ownership interest owned by the deceased in the above referenced real property now vests as follows: Don Lee David Stratton, 100%.

Signed this 23 day of October 2019.

Barbara LeKashman
BARBARA LEKASHMAN, Affiant

A notary public or other officer completing this certificate certifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)

County of Alameda)

Signed and sworn (or affirmed) before me on October 23, 2019 by BARBARA LEKASHMAN.

(seal)

Notary Public

My Commission Expires: 11/01/2022

JAS1 ANTHONY JOHN RUGGIERO COMM. # 2265428 NOTARY PUBLIC · CALIFORNIA ALAMEDA COUNTY My Commission Expires NOVEMBER 01, 2022 JAS1

T.C.A. §67-4-409(a)(3)(D) exempts this instrument from tax and T.C.A. §67-4-409(a)(5) further provides the valuation oath is unnecessary, the affidavit being used to evidence transfer of title to the property to beneficiaries.

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER: 2019 050825

DECEDENT (TYPE/PRINT IN PERMANENT BLACK INK — NAME OF DECEDENT (To be completed by Physician or Medical Examiner))

1. DECEDENT'S LEGAL NAME: DEBORAH GAEILA LONRAU					2. SEX: FEMALE	3. DATE OF DEATH: 09/01/2019
4. TIME OF DEATH (Approx.): 11:55 AM	5a. AGE: 60	5b. UNDER 1 YEAR: Months / Days		5c. UNDER 1 DAY: Hours / Minutes	6. DATE OF BIRTH: 02/23/1959	7. BIRTHPLACE: NEW YORK, NY
8a. PLACE OF DEATH: DECEDENT'S HOME						
8b. FACILITY NAME: 4609 ILLINOIS AVE		8c. CITY OR TOWN: NASHVILLE				8d. COUNTY OF DEATH: DAVIDSON
9. MARITAL STATUS: MARRIED		10. SURVIVING SPOUSE (name prior to first marriage): DON STRATTON		11a. DECEDENT'S USUAL OCCUPATION: DISABLED		11b. KIND OF BUSINESS/INDUSTRY: NOT IN WORK FORCE
12. SOCIAL SECURITY NUMBER: -0508		13a. RESIDENCE-STATE OR FOREIGN COUNTRY: TENNESSEE		13b. COUNTY: DAVIDSON		13c. CITY OR TOWN: NASHVILLE
13d. STREET AND NUMBER: 4609 ILLINOIS AVE		13e. INSIDE CITY LIMITS?: YES		13f. ZIP CODE: 37209		14. WAS DECEDENT EVER IN US ARMED FORCES?: NO
15. DECEDENT'S EDUCATION: MASTER'S DEGREE		16. DECEDENT OF HISPANIC ORIGIN?: NO, NOT SPANISH/HISPANIC/LATINO		17. DECEDENT'S RACE: WHITE		

PARENTS

18. FATHER'S NAME: JOHN LEKASHMAN	19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE: BARBARA LEKASHMAN

20a. INFORMANT'S NAME: DON STRATTON	20b. RELATIONSHIP TO DECEDENT: HUSBAND	20c. MAILING ADDRESS: 4609 ILLINOIS AVE, NASHVILLE, TN 37209

DISPOSITION

21a. METHOD OF DISPOSITION: CREMATION	21b. PLACE OF DISPOSITION: NASHVILLE FUNERAL & CREMATION	21c. LOCATION: NASHVILLE, TN

22a. SIGNATURE OF FUNERAL DIRECTOR: ▶ /e/ JONATHAN SCOTT KEENE	22b. LICENSE NUMBER: 5939	22c. SIGNATURE OF EMBALMER: ▶	22d. LICENSE NUMBER
23a. NAME AND ADDRESS OF FUNERAL HOME: NASHVILLE FUNERAL AND CREMATION, 210 MCMILLAN STREET, NASHVILLE, TN 37203-7505			23b. LICENSE NUMBER: 1136

REGISTRAR

24. REGISTRAR'S SIGNATURE: ▶ /e/ EDWARD G BISHOP III	25. DATE FILED: 09/12/2019

26. CERTIFIER
26A ☐ PHYSICIAN – TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE DATE, TIME, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED
26B ☒ MEDICAL EXAMINER – ON THE BASIS OF EXAMINATION, AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE DATE, TIME, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED.

CERTIFIER

27a. CERTIFIER: ▶ /e/ EMILY DENNISON, M.D.	27b. LICENSE NUMBER: 53219	27c. DATE SIGNED: 09/12/2019
27d. NAME AND ADDRESS: EMILY DENNISON, M.D. 850 R.S. GASS BLVD, NASHVILLE, TN 37216		

MEDICAL CERTIFICATION

28. PART I. Enter the chain of events (diseases, injuries, or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line.

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CAUSE OF DEATH (ME/CME COMPLETE AND SIGN WITHIN 48 HOURS)

IMMEDIATE CAUSE (Final disease or condition resulting in death): → a. PENDING — Approximate interval: Onset to death
(OR A CONSEQUENCE OF)
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST: b. —
(OR A CONSEQUENCE OF)
c. —
(OR A CONSEQUENCE OF)
d. —

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I

	29a. WAS AN AUTOPSY PERFORMED?
	29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?

30. MANNER OF DEATH: PENDING	31. DID TOBACCO USE CONTRIBUTE TO DEATH?	32. IF FEMALE:

33. IF TRANSPORTATION INJURY, SPECIFY:	34a. DATE OF INJURY	34b. TIME OF INJURY	34c. INJURY AT WORK?	34d. PLACE OF INJURY
	34e. DESCRIBE HOW INJURY OCCURRED		34f. LOCATION OF INJURY	

I hereby certify the above to be a true and correct representation of the record or document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Tennessee Department of Health. Alteration or erasure voids this certification. Reproduction of this document is prohibited.

11436500

CR-1659 (Rev. 8/2017) RDA 10112

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

Edward G. Bishop III
State Registrar

Lisa Piercey, MD, MBA, FAAP
Commissioner

1 1 4 3 6 5 0 0

Date Issued: SEP 18 2019

CERTIFICATION OF VITAL RECORD